STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses

tatement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

PLEASE PRINT

FEB 06 2018 NEW HAMPSHIRE

T DDASE T KINT				DEPARTMENT OF STATE	
I. Name of Lobbyist	(s) EVELYN ASSA				
II. Name of lobbyist'	's partnership, firm or corporation,	if any:			
REACHTNO	H16HER OH me of partnership, firm or corporation)				
(Nai	me of partnership, firm or corporation)				
HON HV Business Address: (Se	AN ST, STE ZOY (Town/City	ONCOLD	NH (State)	(Zip Code)	
(603) <u>715. 960</u> (Telephone)	96 ()	Fax)	nail <u>evely</u> ne	reachinghig tern hiorg	
	overs: (Choose one – file separate re ransactions which are not attributat			y file a separate report for	
	nsactions occurring in the months prior	to the reporting da	te relative to the	e following client:	
REALTH NG	MOHER NH				
OR	(Full Name of Client as it appears on the	e Lobbyist Registration	on Form)		
	sactions by the lobbyist (including the cular client.	lobbyist's family),	or the lobbying	firm listed below which are	
IV. Date of Report Reports cover: act	April 26, 2017 wity from date of registration to 3/31/17	•	5, 2017 [] 1/1/17 to 6/30/17		
	October 25, 2017 activity from 7/1/17 to 9/30/17		y 31, 2018) <i>10/1/17 to 12/31/</i>	17	
	n no fees received and no reporta complete just this form and submit it to				
VI. Check if addition	nal reports are attached:				
	ved fees or made expenditures, you mu				
☐ If you have paid a Expense Reimbursem	an honorarium or reimbursed expenses, ent	, you must file Ad d	lendum B Rep	ort of Honorariums or	
☐ If you, your firm,	or your family has made political cont	tributions, you mus	t file Adden dur	n C- Political Contributions	
I have read RSA 15, F	firmation by Lobbyist RSA 15-B, RSA 14-C and RSA 664 an est of my knowledge and belief.	d hereby swear or a	affirm that the fo	oregoing information is true	
		_1/-	31/18 (Date		
(Signatur) of lobbyis	t)		(Date	2)	
EVELYN ANS	<u>xA</u>				
(Print Name of lobby	rist)				